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Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
TRANSMITTAL
FORM

Filing Date

July 19, 2000

First Named Inventor

Art Unit

2876

Examiner Name

Approved for use through 07/31/2006. OMB 0651-0031
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O9/619,028

Filing Date

July 19, 2000

Louis H. Sciupac et al.

Art Unit

2876

Examiner Name

M.S. Tremblay

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Total Number of Pages in	This Submission	15		DICO	0-03						
ENCLOSURES (Check all that apply)											
Amendment/Reply After Final Affidavits/ Extension of Time Express Abandon Information Disclo	Fee Attached  Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority		Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C			Communication to Board eals and Interferences  Communication to TC  Notice, Brief, Reply Brief)  tary Information  Letter  Enclosure(s) (please Identify  Card					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT  Firm Name  Law Offices of Schneck & Schneck											
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Date 01/0	3/2005		Reg. No.			24,518					
CERTIFICATE OF TRANSMISSION/MAILING											
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:											
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Effective on 12/08/2004.				Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		09/619,0						
FEE TRANSMITTAL				Filing Date July 1			9, 2000					
For F	Ŀ	irst Named Inv	entor	Louis H	. Sciupac et	al						
Applicant claims small entity	<u> </u>	Examiner Name N			M.S. Tremblay							
		Art Unit 28			2876							
TOTAL AMOUNT OF PAYMENT (\$) 400.00				Attorney Docket No. DTC 0			0-03					
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
Deposit Account Deposit Account Number: 19-0590  Deposit Account Name: Schneck & Schneck												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
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Information and authorization on PTO-2038.												
FEE CALCULATION							<del></del>					
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2. EXCESS CLAIM FEES	, ,	100	Ū	U	·	,	-	Sn	nall Entity			
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3. APPLICATION SIZE FEE	, Gains pe	aid for, if greater than o										
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for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  100 = / 50 = (round up to a whole number) x =												
4. OTHER FEE(S)												
Non-English Specification, \$130 fee (no small entity discount)												
Other:												
SUBMITTED BY						_ <del>_</del>						
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lame (Print/Type) Thomas Sch	neck					ľ	Date 01/03/2	2005				

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